



Commissioner for Patents
Washington, DC 20231
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CONFIRMATION NO. 2171

Bib Data Sheet

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|---|---|--------------------------------|---|--|
| SERIAL NUMBER 09/690,215 | FILING DATE 10/17/2000 RULE | CLASS 381 | GROUP ART UNIT 2644 | ATTORNEY DOCKET NO. SIG99018 |
| APPLICANTS Mathew A. Rybicki, Austin, TX; Nararit Pitakpaivan, Austin, TX; | | | | |
| ** CONTINUING DATA ***** <i>None</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>none</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 12/01/2000 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | STATE OR COUNTRY TX | SHEETS DRAWING 6 | TOTAL CLAIMS 30 |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | INDEPENDENT CLAIMS 6 | | |
| ADDRESS GARLICK, HARRISON & MARKISON LLP. P.O. BOX 160727 AUSTIN, TX 78716 | | | | |
| TITLE Computer audio system | | | | |
| FILING FEE RECEIVED 565 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |

9-25-02
PQ CRT



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Bib Data Sheet

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|--|---|--------------------------------|---|--|
| SERIAL NUMBER 09/690,215 | FILING DATE 10/17/2000 RULE - | CLASS 713 | GROUP ART UNIT 2188 | ATTORNEY DOCKET NO. SIG99018 |
| APPLICANTS Mathew A. Rybicki, Austin, TX ; Nararit Pitakpaivan, Austin, TX ; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/01/2000 | | | ** SMALL ENTITY ** | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance | | STATE OR COUNTRY TX | SHEETS DRAWING 6 | TOTAL CLAIMS 30 |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | INDEPENDENT CLAIMS 6 | | |
| ADDRESS 24263 | | | | |
| TITLE Computer audio system | | | | |
| FILING FEE RECEIVED 565 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |